

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213541806				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: URBAN SCIENCE APPLICATIONS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: MI</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1875279</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,500
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COMMON	2,500					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 400 RENAISSANCE CENTER STE 2900</p> <p style="text-align: center;">CITY/ST/ZIP: DETROIT, MI 48243</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES A ANDERSON TITLE: PRES/CEO ADDRESS: 400 RENAISSANCE CENTER STE 2900 CITY/ST/ZIP/CO: DETROIT, MI 48243 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES A ANDERSON TITLE: PRES/CEO ADDRESS: 400 RENAISSANCE CENTER STE 2900 CITY/ST/ZIP/CO: DETROIT, MI 48243	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL TALLERICO VICE PRESIDENT 400 RENAISSANCE CENTER SUITE 2900 DETROIT, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REBECCA M GUALDONI CHRO 400 RENAISSANCE CENTER SUITE 2900 DETROIT, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael A Temple ASST SECRETARY 4000 TOWN CENTER STE 1800 SOUTHFIELD, MI 48075-1505	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rene ML Hansemann SECRETARY 4000 TOWN CENTER STE 1800 SOUTHFIELD, MI 48075-1505	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY N WRIGHT COO 400 RENAISSANCE CENTER SUITE 2900 DETROIT, MI 48243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A ANDERSON DIRECTOR 400 RENAISSANCE CENTER SUITE 2900 DETROIT, MI 48243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD R WIDGREN DIRECTOR 400 RENAISSANCE CENTER SUITE 2900 DETROIT, MI 48243	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD R WIDGREN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD R WIDGREN, VP/TREAS/CFO PRINTED NAME AND CORPORATE TITLE	9/5/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			